717482

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE	NAME (Must I	be, same a	s on Statement of Organization)	
1 1 (Supervisor	
1100	revnan	1000	Japenerisen	

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
11-05-02	ID# CK#	David A. Hageman 200 11th Ave Box 131 Foot Atkinson In 52144	SeLF	\$ 200.00
	ID#			·
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
•	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#	·		•
	ID#		***	
	CK#			
	ID#	Manager and the second		
	CK#			
			SUB-TOTAL	200 00
		TOTAL (if last page	of this schedule)	\$ 200.00 \$ 200.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC-COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

B (Rev. 08/96)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

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1-70	(9.000	10.0			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	CATEGORY* (SEE BELOW)	AMOUNT EXPENDED
11-08-02	ID# CK# /0/	Palman Pountien P.O. Box 507 Palman, Ia 52132	Campaign Ad	}	\$ 64.00
11-08-02	ID# CK# <i>10</i> 2	Ossian Bet 10> W. Main ST, Ossian, Ias2161	Campaign Ad	1	42.00
11-08-02	ID# СК# /03	Decorah Newspaper 10> E Water St. Decorah, Ia 52101	Eumpaign Ad	1	33.30
11-21-02	ID# CK#	UniTemized	Printing)	4.89
12-30-02	ID# - CK# 104	United Way Winneshiek County	PLOSE-DUT		55.81
	ID# CK#				
	ID# CK#				
	0101		S	UB-TOTAL	\$ 700 00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

*Campaign funds may be used only for:

(1) campaign purposes,

(2) constituency expenses, and

(3) educational and other expenses associated with duties of office.

Please insert the applicable number in the category column for each expenditure.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page _____ of _____ (for Schedule B)

TOTAL (if last page of this schedule)

AMENDING FORM

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

(Rev. 08/96) MONETARY
EXPENDITURES

CHECK THIS BOX IF

SCHEDULE

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTE	E NAME (Must be	same as on Statement of Organization)		<u></u>	
Ha	geman	FOR Supervisor			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	CATEGORY* (SEE BELOW)	AMOUNT EXPENDED
es-22-02	ID# CK#	Colman Courier P.O. Box 507 Calman Ia 52132	Campaign Ad	1	\$ 32.00
5-24-02	ID# CK#	Ossian Bee 107 W. Main ST. Ossian Ita 52/61	Pampuign Ad	1	24.00
05-28-02	ID# CK#	Decorah Newspoper 107 E. Water St. Decorah, Ia 52101	Campaign Ad	1	43,20
6 6-05-02	ID# CK#	Calmar Courier P.O. Box 507 Calmar, Ta 52132	Campaign Ad	1	16.00
06-07-02	ID# CK#	Ossian Bet 107W, Mainst Ossian, Ias 2161	Compaign Ad	1	12.00
0>-05-02	ID# CK#	Sandy's Sign Shop 1972 Mc Claud Ave New Haupton, Ia50659	Sign's	,	25.00

SUB-TOTAL

Yaved Sign's

TOTAL (if last page of this schedule)

\$668,46

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

*Campaign funds may be used only for:

ID#

CK#

(1) campaign purposes,

09-27-02

- (2) constituency expenses, and
- (3) educational and other expenses associated with duties of office.

Please insert the applicable number in the category column for each expenditure.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Sandys Sign Shop 1972 Mclad Puel New Hampton, Jacksy

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page ______ of _____

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	MONETARY
(Rev. 08/96)	EXPENDITURES

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be	e same as o	n Statement of	'Organization)
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DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	CATEGORY* (SEE BELOW)	AMOUNT EXPENDED
10-11-02	ID# CK#	Uniterized	Photos)	\$ 4,49
10-11-02	ID# CK#	Copy Land 724 Wist Woter St, Decorah , ta 52101	Campaign Material	1	51.73
10-14-02	ID# CK#	Decorah Newspapes 107 E.Water ST. Decorah Ja 52101	Campaign Ad	,	44,40
10-17-02	ID# CK#	Mailboxes + Parcel Dan 502 GRAVI ST. Decorah Ju 52101	Campaign Material	1	60.56
10-21-02	ID# CK#	Palman Counter P.O. Box 50>	Campaign Ad	1	72,00
10-21-02	ID# CK#	055,04 Ber57, 107 W. Maint ST, 055,04 , Ja 52161	Campaign Ad	1	54.00
10-21-02	ID# CK#	Decorat Newspaper 107 E. Water ST; Decorat La S2101	Compaign Ad	1	55,50

TOTAL (if last page of this schedule)

SUB-TOTAL

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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- (1) campaign purposes,
- (2) constituency expenses, and
- (3) educational and other expenses associated with duties of office.
- Please insert the applicable number in the category column for each expenditure.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

of.

COMMITTEE	NAME (Must	be same as	on Statement of Organization)	
Had	PMan	TOR	Supervisor	
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SCHEDULE E	IN KIND
(Rev. 02/96)	CONTRIBUTIONS
	THIS BOX IF

والأسماد والمساوية				
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE
10-28-02	David A. Hayemay 200 11Th Ave JBOX 131 FORT ATKINSON, Fa 52144	SeLF	Compaign Ad	55,50
10-29-02		Self	Campaign Material	30.70
10-31-02	Saweas about	SeLF	Campaign Moterial	2.77
10-31-02	Same as above	Self	Compaign Material	24.52
10-31.02	Same as about	SOLF	Stamps	74.00
11-01-02	Same as above	SeLF	Campaign Material	30,70
			. .	
	•			-
			SUB-TOTAL	S

TOTAL (if last page of this schedule)

\$ 1,229,33

Page of (for Schedule E)

^{*}Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.